



# State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 08/16/2006

Business ID: 193697

William M. Gardner

Secretary of State

LEVINE PROPERTIES, INC.

720 KEARSARGE RD , PO BOX 8  
KEARSARGE, NH 03847

## ADDRESS OF PRINCIPAL OFFICE:

720 KEARSARGE RD , PO BOX 8  
KEARSARGE, NH 03847

## REGISTERED AGENT AND OFFICE:

LAUREN S. IRWIN, ESQ  
UPTON & HATFIELD,LLP , 10 CENTRE ST.,PO BOX 1  
CONCORD, NH 03302

ENTITY TYPE: CORPORATION

BUSINESS ID: 193697

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020465213

OPERATE AN INN

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **Richard D Levine**  
STREET **PO Box 8**  
**720 Kearsarge Rd**  
CITY/STATE/ZIP **Kearsarge Nh 03847**

SEC Y. **Sharon Levine**  
STREET **PO Box 8**  
**720 Kearsarge Rd**  
CITY/STATE/ZIP **Kearsarge Nh 03847**

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Richard D Levine**  
STREET **PO Box 8**  
**720 Kearsarge Rd**  
CITY/STATE/ZIP **Kearsarge Nh 03847**

DIR. **Sharon Levine**  
STREET **PO Box 8**  
**720 Kearsarge Rd**  
CITY/STATE/ZIP **Kearsarge Nh 03847**

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

**Richard D Levine**

Please print name and title of signer:

**Richard D Levine**

NAME

/

**PRESIDENT**

TITLE

FEE DUE: **\$150.00**

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529